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**GREENBERG TRAUIG LLP**  
**2450 COLORADO AVENUE**  
**SUITE 400E**  
**SANTA MONICA, CA**  
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Sherry B. Kolber (Depositor's name)  
 (Signature)  
 June 19, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/684,068	10/09/2003	Rajiv Kehr	60210-010101	3064

**TITLE OF INVENTION:****SURGICAL SCALPEL WITH PROTECTIVE SHEATH**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	700	300.00	1,000.00	06/21/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
Dawson, Glenn K.	3731	606-167000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys, agents or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**GREENBERG TRAUIG**  
**SHERRY B. KOLBER**  
**502638 10684868**  
**700.00 DA**  
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**3**

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

**(A) NAME OF ASSIGNEE**

Kehr Surgical Private Ltd.

**(B) RESIDENCE: (CITY and STATE OR COUNTRY)**

Kanpur, Indiana

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ Individual ☒ Corporation or other private group entity ☐ Government**4a. The following fee(s) are enclosed:**

☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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☐ A check in the amount of the fee(s) is enclosed.  
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **50-2638** (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature R. JOSEPH FOSTER  
 Typed or printed name

Date **06/19/2006**  
 Registration No. **56,953**

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